

015-5651

SFUND RECORDS CTR  
999000558

<b>HAULER OF WASTE (Must be filled by hauler)</b> <b>ASBURY OIL CO.</b> 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392	<b>SPFUND RECORDS CLIK</b> <b>999000558</b> <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> CODE NO.
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P-3-77  
 Pick Up: \_\_\_\_\_ (DATE) \_\_\_\_\_ Time: \_\_\_\_\_ (am/pm)


State Liquid Waste Hauler's Registration No. (if applicable): \_\_\_\_\_ 15

Job No.: \_\_\_\_\_ No. of Loads or Trips: \_\_\_\_\_ Unit No. \_\_\_\_\_

Vehicle: ☒ vacuum truck 40 barrels, ☐ flatbed, ☐ other \_\_\_\_\_ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

  
 SIGNATURE OF AUTHORIZED AGENT AND TITLE

**DISPOSER OF WASTE (Must be filled by disposer)**

Name (print or type): Operating Inc [ ] [ ] [ ]  
Site Address: Monterey PK CODE NO.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

Handling Method(s):

☐ recovery

☐ treatment (specify): \_\_\_\_\_ [ ] [ ]  
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.

☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well [ ] [ ]  
☐ other (specify): \_\_\_\_\_ CODE NO.

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 8-3-77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name \_\_\_\_\_

**BILLING COPY**